

ART. V.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

*April 12.—Fibro-plastic Tumour from the Neck*.—Dr. HENRY J. BIGELOW. —This, a fibro-plastic tumour of two years' standing, situated on the front of a young man's neck beneath the platysma, about the size of a pullet's egg, was easily detached without injury to the vessels. Removed, its appearance is lobulated; its colour white; cartilaginous substance in its centre, and some calcareous deposit. These tumours, the exhibitor remarked, were formerly denominated "*glandular*." Often a tumour of this nature actually resembles, under the microscope, the tissue of the glands among or near to which it is seated. In this sense, the term glandular turns out to be really not inappropriate. This tumour showed eminently the secreting crypts of glands.

*Encysted Tubercle of the Vertebral Inter-articular Fibro-cartilage*.—Dr. G. H. GAY showed the specimen, taken from a dissecting-room subject, fifty years of age or upwards.

No history of the case is known. A vertical section being accidentally made of four or five dorsal vertebrae, the following appearances presented themselves, after washing away the soft, adhering powder produced in sawing, viz., great vascularity of the whole cancellated structure, which was studded with numerous, minute, reddish prominences, at first looking like the gray granulations of one form of commencing tubercle in bone; these were easily washed away by a slight jet of water; the cancelli were firm and hard, in some spots almost eburnated; there was no distinct, softened, infiltrated, or encysted tubercle in the bone, though there were two or three irregular cavities which may have been the seat of tubercular deposit at some anterior period.

Were those reddish prominences the "*granulations grises*" of Nelaton?

The inter-articular fibro-cartilages were all thinner than usual, as if compressed, and all were more or less diseased; their vertebral surface was very vascular, presenting a thin, reddish line completely encircling it, as if to form a cyst; in one, spot there was a cretaceous deposit, of the size of a pea, surrounded with a yellowish, friable, curdy mass, in a cyst; there were other small encysted masses, and one much larger than the rest, the cavity filled by which would easily admit the end of a finger. In this cavity was a yellowish-white substance of a consistence between that of putty and of a chestnut, presenting under the microscope the characteristics of tubercle, slightly decomposed, very friable, and breaking down upon the slightest pressure. This was inclosed in a distinct cyst about two lines thick, its cut surface having a red look, and from the inner, smooth surface of which the tubercle could be easily separated. The cyst and tubercular mass were confined entirely to the cartilage; the articular surface of the body of the vertebra above and below being excavated where the mass pressed, though there did not appear to be any loss of bony matter. In detaching the wall of the cyst and cartilage from the bone, the latter was found quite hard and smooth, approaching eburnation.

Some of the cartilage presented its natural look and firmness. There was a tubercular mass in one lung, *near its base*, as large as a pigeon's egg, somewhat more softened than the above.

*Scirrhus Parotid Gland*.—Dr. J. MASON WARREN showed the specimen, which had been successfully removed. The patient was a farmer

fifty-two years old. Twenty-five years ago, a tumour made its appearance in front of the ear. This imperceptibly increased, giving him no pain or inconvenience until two months since, when it was injured by a blow, and since then has rapidly increased in size. The night after the blow, he perceived that there was some insensibility in the skin in front of the tumour. For some time past he has been unable to close the right eye. "Now, there is an oval, prominent, even, well-defined tumour in front of the right ear, overlying the ramus of lower jaw, and occupying the position of the parotid gland. Its long axis is parallel with a line drawn from the angle of the jaw to the external angle of the orbit. Its greatest length is three inches, width two inches. Upper margin is on a level with the angle of the eye; lower margin with the angle of the jaw; posterior is overlapped by external ear. Integument is movable; not discoloured. Tumour is of firm consistence; not tender on pressure; not attached to bone, yet but slightly movable. Does not move with lower jaw; cannot be felt in mouth. There is much numbness of cheek in front, and a dull, but not severe pain in the tumour itself." (*Hosp. Record.*)

When the patient entered the Hospital, one or two glands in the neighbourhood of the tumour were enlarged, apparently from the effect of some irritating application he had made for the purpose of discussing it. Under treatment, these with one exception disappeared. He was extremely desirous of having the tumour removed, and on a consultation of the surgeons it was decided that the attempt should be made.

The patient being etherized with chloric ether, an incision was made from just above the superior border of the tumour to a little below its inferior part. This was crossed by another incision commencing at the mastoid process, and terminating on the cheek. The fibrous capsule of the gland was now cut into, and the tumour gradually loosened by dissecting carefully around its circumference. Its adhesions were so close, and the texture so firm that it was found impossible to proceed but with great caution; the vessels that were divided under the edges of the tumour being secured with much difficulty. The tumour was first loosened from its attachment to the zygomatic process, then dissected from the masseter muscle, the transverse facial artery and the parotid duct being cut away at this stage of the dissection. It was next detached from its firm adhesions to the sterno-mastoid muscle and mastoid process, and its adhesions to the ear and the trunk of the facial nerve cut off. Finally, by means of the blade and handle of the knife it was separated, from before backwards, from the great artery and vein which lay imbedded in its posterior wall, the latter being cut and tied. Four or five arteries required ligatures. An enlarged gland in the neighbourhood was removed separately from the tumour.

The mouth was found paralyzed after the operation. The eye which the patient was unable to close before, either in sleep or when awake, was found, a few days subsequent to the removal of the tumour, to drop down so as partially to cover the eyeball when he was asleep.

An examination of the tumour after its removal showed it to be the parotid in a scirrhus state; the microscope disclosing an abundance of cancerous cells; with it was included a lymphatic gland imbedded in its lower and under portions. Dr. W. states that he had once or twice removed tumours from this situation, apparently formed by the above lymphatic gland in a diseased state; the lower edge of the parotid being raised up and spread out on the surface.

The presence of the parotid duct and the facial nerve in the tumour now shown, together with its anatomical relations, left no doubt as to the organ diseased.

Dr. CHARLES E. WARE reported a case of *Intussusception*.—It occurred in a female child ten months old, nursing, but in the habit of feeding more or less. She was perfectly well on Wednesday morning, April 21, and had eaten pretty freely of minced salt fish, while the family were at breakfast. Early in the forenoon, while nursing, she suddenly stopped, was sick at the stomach, and vomited. The vomiting continued, with some indications of general distress, till the afternoon, when an injection was given. It came away without bringing much with it. The vomiting continued through the night, and Dr. W. saw the child at about 9 o'clock the next morning. It had just had a pretty copious discharge of bloody mucus, as the mother said, with some relief to the uneasiness. It was the first discharge of this character which it had had. The longest interval which had been passed without vomiting was about two hours. The matter vomited was greenish liquid. The child had refused the breast from the first; its countenance was pale and sunken. The respiration was hurried, with free action of the abdomen. The skin was quite natural. She would smile and take notice, giving no signs of fractiousness, nor of being in pain. The abdomen was not very tender. Nothing could be discovered by the touch. Pulse 140, of good character. She was put under the influence of Dover's powder, and continued in about the same condition through the day. In the evening, contrary to Dr. W.'s direction, a dose of oil was given which occasioned some distress. The next morning, at 8 o'clock, Dr. W. found her senseless and sinking. Abdomen much more full and tender. Sphincter ani entirely relaxed. Introducing the little finger, the tumour could be reached. She had had several dejections of bloody mucus, and nothing else. The vomiting had continued of the same character. She died at half-past 9 A. M., about forty-eight hours from the commencement.

*Autopsy*.—There was found an intussusception of a portion of the ileum, of the cecum, of the ascending colon, and of half the transverse colon into the remainder of the transverse, and of the descending colon—the lowest portion being just twelve inches from the anus. The appendix was just projecting from the invagination, intensely red. The ileum, for several inches above the invagination, was very red and injected; but the rest of the intestines not at all so, nor was the colon below the invagination. There was no trace of peritonitis. There was about a gill of serum in the peritoneum.

Dr. CHARLES E. WARE also reported a case of *Valvular Disease of the Heart*, and exhibited the specimen. He was called, for the first time, April 22, at 11 o'clock P. M., to see a young woman aged 27. She had been in rather feeble health, and subject to palpitation for several years. Never had anything like rheumatism. She had rather a severe asthmatic attack, as it was called, attended by hemoptysis, in the December previous. Dr. W. found her sitting up in bed, irrid, breathing like a person in asthma, and complaining of a most distressing palpitation. She had been, through the day and evening, as well as usual, and retired as well as usual. On getting into bed, the palpitation commenced. She had a similar attack about a week previous, which obliged her to sit up half the night. It then occurred after an unusual excitement. Her pulse was now strong, quick, and regular. There was no opportunity for any examination of the chest. She was unable to lie down, and was constantly tossing about in the greatest distress. She constantly hawked, and spit from her mouth, most copiously frothy mucus. The inhalation of sulphuric ether was tried, at first with benefit; but, as she got under the influence of it, with depression, which forbade the continuance

of it. Afterwards, under the influence of chloric ether and elixir of opium, she got relief from the extreme distress, and fell into a disturbed sleep. The violent action of the heart was not entirely checked. At about 4 o'clock in the morning, however, without warning, she suddenly died.

*Autopsy.*—Great rigidity. Extreme whiteness of the face and lips. Blood quite liquid, but with some coagula in the heart. Not an abnormal amount of serum in the pericardium. Appearance of heart normal. The mitral valves so contracted that they would not admit the little finger. The aortal valves very much thickened, with commencing vegetations. The thickening confined to that portion of the valve which is naturally the thickest. The auricle of the left side very greatly thickened. The left ventricle natural in thickness and character. The right side of the heart normal. The left lung very generally adherent: about eight ounces of fluid in right pleura. Both lungs very œdematous. No signs of tubercle. The bronchia filled with frothy serum. The mucous membrane of the primary bronchia of a deep livid red colour; as it extended into the smaller branches, it became of a natural hue. The right lung was very much condensed, varying in different parts, but quite as much so in the upper as the lower. In a very considerable portion, the lung was perfectly carnified, and admitted no air.

The case presented two points of considerable interest: The character of the pulse. Dr. W. had never felt the patient's pulse previous to the attack of which she died. During the paroxysm, it was of good strength and caliber, and so far as could be judged, when beating so rapidly, regular. This is contrary to the rule in mitral contraction. In a case which he reported to the Society some years since, of which the specimen is in the cabinet, and where the contraction was about the same as in the present specimen, the pulse was never so distinct that it could be counted, although the patient was frequently seen for a long time before her death. He thought it possible that the violent action of the ventricle upon a small supply of blood might, during a paroxysm of palpitation, give unusual strength to the pulse, although he did not remember to have noticed it in the former case. Another point was the condition of the right lung. The patient was as well as usual when she went to bed. There was no reason to suppose that there was any disease existing in the lungs at that time, certainly not of the character and extent which were found after death. And yet in five hours a considerable portion of one lung had become perfectly carnified, having the appearance as if the air had been expelled by disease rather than by compression from without, the effusion into the pleura not being sufficient to have occasioned it.

*Sudden Enlargement of the Abdomen during Pregnancy. Death, a few days after.*—Dr. CHANNING related the case. Mrs. —, aged 20; married. Was called to see this case in consultation with the attending physician. On reaching the address, Dr. C. learned that, a week before, patient complained of pain in right side of trunk, reaching quite down to and through the pelvis on that side. At times, pain greatly increased, shooting up to right shoulder, side of head, and especially to the eyes. Vision at such times impaired, or lost. He was told that the patient was about four months pregnant. That she had been thought pregnant some months before her present state, and had successfully used the means of procuring abortion. In her present pregnancy had been troubled with vomiting for about two months; but this had ceased three or four weeks ago. She was still taking medicines for abortion, especially those sold by a woman named Restell, and had been taking them at the time of the attack, a week ago. She had been very hot; with very rapid

pulse; intensely flushed; at times delirious; very thirsty. Dr. C. found this history confirmed by seeing the patient. In addition, he found her to be very nearly speechless; that is, she was labouring to speak, but could hardly articulate a word. She obviously wished for something, but, with all her efforts, could not make her wants known. Swallowing was nearly impossible; violent choking and suffocation attended any attempt at deglutition. It did not seem that anything passed into the œsophagus. Tongue dark brown, dry, rough, cracked. The face was of the deepest crimson; eyes brilliant; skin hot. Pulse between 150 and 160; of sufficient strength. She was very restless. Respiratory sounds, or those accompanying breathing, were stertorous, resembling the dry, husky, shrill breathing of croup or laryngitis.

Examination of the abdomen furnished very interesting results. The abdomen was filled and distended by a large tumour, as hard, nay harder than is the impregnated womb. Flat on percussion, and without fluctuation. Tender on pressure. Auscultation discovered neither the placental murmur, or *bruit*, nor the sound of the fetal heart. Dr. Channing had not heard of this uterine or abdominal distension, nor of the suddenness of its occurrence. He inquired concerning these points, and learned that, previous to Friday last, a week ago, Mrs. — was no larger than is usual at the fourth or fifth month. That, being down stairs, she told a friend of the sudden increase of size, and begged her to feel the abdomen. As she had never detected any fullness before, the present state of things struck her as very extraordinary. Her physician had seen her on Friday, before an attack of the pains in the abdomen, and elsewhere, as above described; but was sure that her size was then natural. He, however, had not stated that she had so suddenly increased in bulk.

*Examination per vaginam.*—This showed the vagina to be entirely empty. Its *cul-de-sac* was drawn up almost out of reach, and felt to be forcibly on the stretch. Os uteri could not be reached. It was at once inferred that, in the rapid growth of the womb (for the distension of the abdomen could not be well explained without referring it to enlarged womb), it had risen strongly into the abdominal cavity, and had dragged up with it its vaginal connections.

The question now arose, upon what this sudden enlargement of the womb depended. At first, it was asked if it did not depend upon *internal uterine hemorrhage*. Dr. C. had been called to a case of this kind occurring at a late period of pregnancy. Death had occurred before he reached the address, and this was only about ten hours after the first symptoms of uterine trouble were manifested. These were agonizing uterine pain, violent jactitation, paleness, faintness, sunken pulse, coldness, increased fullness and tenderness of abdomen, &c.—to ordinary symptoms of great hemorrhage. Examination discovered the womb to be full of blood; the placenta and membranes everywhere detached from the womb, and an eight months' child in its cavity. In none of its symptoms did the present case resemble that just briefly described.

The whole situation of the patient was so critical, and the extreme difficulty of deglutition so great, every attempt apparently threatening death, that it was pretty obvious she could survive but for a few hours only. Dr. C. learned, early in the morning following his visit, that Mrs. — died at 8 o'clock the evening before, and about four hours after he left her house.

*Autopsy, twenty hours after death.*—External appearance and state, striking. The face, especially the cheeks, which had been intensely red the day before, retained their colour perfectly. The blush was so distinct that it seemed impossible that life had departed. The limbs were, however, perfectly rigid.

Sugillations existed in all their usual situations—neck, back, axillae, &c. &c.; the whole state, in short, showing the questionless presence of death. The abdominal tumour was softer than before death, and had somewhat subsided.

Upon opening the abdomen, the womb was found reaching from the symphysis pubis to the epigastrium, and filling out fully the sides of the abdominal cavity. It was mottled, or rather streaked with dark, livid markings, which have never been before met with by Dr. C., and looking as if its cavity were filled with a dark fluid. The surface was perfectly smooth, and without any marks of inflammation of its peritoneal cavity. Upon raising the womb, the Fallopian tubes were found pairing off from its sides midway of the organ, precisely as happens to them at the close of pregnancy. The ovaries presented a very singular appearance. Upon raising the womb, they were seen hanging at its sides about five inches in length, and very closely resembling in shape the enlarged kidney, having the narrowing or depression of that organ at the pelvis. The ovaries were filled with a fluid in cysts. It did not resemble the ordinary oily fluid of ovarian dropsy. On the contrary, it exactly resembled water. The ovaries were distended with this liquid, and so weak were the cysts that they broke and discharged their contents on very slight pressure, or careless handling.

Upon opening the cavity of the womb, about four quarts of perfectly colourless fluid flowed out. At the close of the discharge, some blood appeared. This had probably been effused recently, or during the examination, as the water was not in the least coloured by blood. A fetus was seen in the lower part of the womb in its membranes, and being removed, another fetus was discovered still lower in the external cavity. Both were males, and the first seen was much larger than the other. The cords passed downwards, and were found springing from a single placenta, situated over the os uteri, and attached to its neck. The placenta was easily detached, being softened almost to the state of grumous blood. The decidua was very distinct in patches; but generally it was found separated from the uterine surface. The substance of the womb was about four lines in thickness, and seemed watery. There was no effusion into the peritoneal cavity. There was no other disease discovered.

*Remarks.*—The distinguishing fact in this case is the rapid increase in the size of the abdomen. It occurred almost in a day. It had been preceded by pains, and weakness, loss of appetite, great heat, rapid pulse. But the medical attendant felt sure that, up to the time above spoken of, one week before my visit, he had discovered no increased size. The question occurred, to what this rapid formation of fluid was owing; what was its source? Dr. Channing supposes it to have been secreted by the womb, and that it was collected between it and the membranes. He thinks the preceding symptoms show this, and that no case of excessive *liquor amnii*, in his recollection, presents such symptoms. In this last disease, the fluid collects slowly, and becomes a cause of trouble and distress by the over-distension accompanying it. Then, again, Dr. C. said, the very unusual state of the ovaries favoured strongly the doctrine that the fluid in the womb was directly produced from the organ itself, and not from one of the fetal membranes. The ovaries were both of them very large, the right the larger, as was the fetus in the right part of the womb much larger than the left one. This size was owing entirely to serous effusion into, and distension of the ovarian vesicles, as before stated. Dr. C. thought it was highly probable that the disease of the ovaries began at the same time with that of the uterus.

*Of the treatment.*—It was pretty clear on Friday, as Dr. C. remarked,

that treatment was out of the question, it being obvious that life, under such circumstances, could not be sustained much longer. It was proposed to puncture the membranes. But, in the first place, the os uteri could not be reached; and in the second, death would probably have been chiefly incident to the operation, so near to death was Mrs. — at Dr. C.'s visit. The *autopsy* showed what was the situation of the placenta. Hemorrhage must have been the result of the operation above referred to.

From the whole history of the case, is it not probable that it was produced by the various measures which had been adopted to procure abortion? Others were referred to besides those above named, and doubtless together they produced the arterial disturbance, and ultimately the disease which ended in death.

*Fibro-plastic Infiltration of the Skin.*—Dr. HENRY J. BIGELOW showed the specimen, a piece of the skin of a female breast, as large as the palm of the hand, studded with cancerous-looking tubercles. The microscope declared their non-malignant character. The mass had been extirpated at the age of 10, 27, and now again for the third time, by Dr. B., the patient being 47 years old.

*Fibro-plastic Tumour in the Parotid Gland.*—Dr. HENRY J. BIGELOW exhibited a tumour of the size of a small billiard ball, removed from the parotid of a female. Tumour of twenty years' standing; very friable and granular. It lay deep behind the angle of the jaw upon the styloid process, and under the sterno-mastoid muscle.

*Deafness, nearly total, following Sumatra Fever. Recovery ten months after.* Reported by Dr. BETHUNE.—A gentleman, 30 years old, consulted Dr. B. on December 19, 1851. His health was generally good. Seven months before, he had fever in Sumatra, and on recovery found himself nearly wholly deaf, in which state he continued up to the time Dr. B. saw him. At that time he could hardly be made to hear anything. Tinnitus formerly, now none. No pain. He suffers much from cold in the ears and back of neck. On examination, meati wholly destitute of cerumen. Tympana somewhat opaque. He was ordered tr. iodini to mastoid processes; to be repeated every three to five days, according to the amount of irritation produced, and to take internally tr. hyd. oxymur. gr. one-sixteenth, three times a-day, gradually increased. (He had had leeches and blisters without relief.)

At the end of eighteen days he had somewhat improved in hearing, and soon after reported a further improvement, and a diminution of the cold feeling. Feb. 5. Still improving, cerumen now abundant. He continued his treatment till the sublimate was increased to about one-fourth gr. three times a-day; being followed by tenderness, with pain in abdomen, and slight soreness of gums, it was intermitted for a few days and again resumed. The last time Dr. B. saw him, he could hear with ease common conversation addressed to him, and in church could nearly follow the clergyman throughout the service and sermon. The wax has become so redundant as on two occasions to require removal.

Dr. STORER referred to a case reported by him some months since, of a woman at the hospital, who had severe cerebral symptoms which were relieved by mercury [see *Extracts*, pp. 199, 200].—Dr. S. stated that

she left the hospital some time after he reported her case, and was carried to Deer Island, where she remained for a considerable time, when all the bad symptoms returned which were manifested while she was at the hospital; and she died a week or two since. Upon *post-mortem* examination, the vessels of the brain were found very much congested; and the portion of the right frontal bone where the node had existed was thickened to a great extent. It has been ascertained that, years since, she suffered from syphilis.

*May 10.—Curvature of the Lower Extremities.*—Dr. J. B. S. JACKSON mentioned a case of this deformity, which he first saw three years since. The child was then very bandy-legged; some mechanical supports were worn for a while, but, being found cumbrous, were thrown aside. The limbs began to bend when the child began to walk, and the curvature was greatest at the age of two and a half to three years; both lower extremities bowed throughout. Yesterday Dr. J. again saw the child, and found the limbs *perfectly straight*; the child walking as well as any child.

Dr. HENRY J. BIGELOW said that he supposed nine cases out of ten got well of themselves. He alluded to Guérin's treatment of a certain case, a female patient, taken to him by Dr. B. No mechanical support was employed; invigorating means to the system in general; the seaside; frictions; continual use of a half and half mixture of claret and water. Cure.

Dr. COALE asked if it be not true that nature nearly always repairs such deformities? He referred to the deformity sometimes observed in infants, the head being distorted by continually nursing at one breast; the head recovers its shape again.

Dr. JACKSON said that the heads of adults are often unsymmetrical. The Germans, from a peculiarity in their tending, while children, get the occiput flattened. Dr. J. also spoke of a case of flattening of the occiput as a consequence of scrofulous disease in the cervical vertebræ, it being necessary to place the child constantly on its back.

In answer to a question from Dr. Jackson, as to the treatment of curved limbs, &c., Dr. BUCKMINSTER BROWN made the following remarks: In the cases referred to by Dr. Jackson (*genu extrorsum*), there is much weakness of the ligaments of the knee-joint, and the bones are likewise generally implicated. These cases will sometimes completely recover by merely strengthening the general system; but those more formidable cases, in which the curve is very marked, involving both the tibia and fibula, and commencing about three inches above the ankle, are probably never cured without surgical treatment. Dr. Brown mentioned an operation which he had seen performed in Paris, which consisted in straightening the limb instantaneously, by a process of gentle but forcible traction; producing, in certain cases, what may be termed a sub-fracture, or, as the French term it, "*fracture lamellaire interstitielle*;" in other cases, the softened bone is simply moulded into its proper shape, the hands of the operator being the only instrument employed.

The periosteum in either case is left uninjured. The limb afterwards receives appropriate support by splints, &c. This operation has been done under the authority of, and the cures authenticated by, a number of the most distinguished French surgeons. MM. Louis, Dubois, Blandin, Jobert, Rayer, Serres, and Orfila have given it their unqualified support.

Dr. B. said that this operation is applicable to certain cases only, and in these it offers a valuable addition to our means of removing this deformity. It is not followed by inflammation, constitutional irritation, or by any injury to the general health; and there is apparently less pain attendant upon it



than accompanies the division of a tendon, or any of the minor operations in surgery.

Dr. B. likewise stated that the apparatus which had been found most useful (in cases where no operation was admissible, or where, from the debility of the subject, or from any other cause, the surgeon does not feel authorized to run the risk of leaving the result to unassisted nature) consists of a steel spring applied to the concavity of the affected limb, taking for its points of support the internal malleolus and the internal condyle and tuberosity of the femur. Lateral straps extending from this spring grasp the convexity of the curve, and tend constantly to draw the growing bone towards the said spring, and to give that support which is here so strongly indicated.

This is a very efficient instrument, and its importance will be readily appreciated in the cases under consideration, if the disadvantages to which the feeble limbs are subjected be duly considered, the weight of the body causing the limbs to bend, and so an indefinite increase of the distortion becoming imminent. The hygienic treatment already mentioned, country air, wholesome food, and tonics, if deemed necessary, are important as auxiliaries.

Dr. BETHUNE asked, if recurrence of the curvature is likely to happen after the above mode of straightening and treatment?

Dr. Brown replied that the support is to be continued until the system seems sufficiently strong to warrant trusting to its powers alone. Recurrence is not likely.

Dr. INCHES spoke of the effect of bad diet, and of diet improper to the age of children; these are often the causes of this sort of deformity. After the above operation, a proper diet confirms the cure. Rachitis, remarked Dr. I., nearly always exists in these cases. He had observed curvature, of the nature above referred to, of the forearm, and it was treated in the manner mentioned by Dr. Brown.

Dr. W. E. TOWNSEND had seen, in a very healthy situation, near the White Mountains of New Hampshire, a family, *all* the children in which were unable to stand upright; the limbs were curved and rachitic; the bones breaking frequently. In this instance, which is a remarkable one, the state of the system could not have arisen from deprivation of light and air, mentioned as a cause by some members of the Society.

*Hæmorrhage from the Mouth and Anus in a newly-born Child.*—Dr. COALE reported the case. The child, born on Friday last, was, to all appearance, well; the parents healthy. The day after birth, Dr. C. noticed some coagulated blood in its mouth. In the evening of the same day, it vomited much fresh blood, saturating two towels. *R.*—*Acidi sulphurici aromatici; guttam unam.* Repeat every two hours. Next day, appearance more favourable. The blood was voided by the mouth and by the anus. On the third day, the hæmorrhage having ceased, there was substituted for the acid, sulphate of iron, in the dose of one-sixth of a grain, in solution, every three hours. This was continued for three days, gradually increasing the interval between the doses. The child, which Dr. C. supposed could not recover, is now four weeks old, and quite hearty. Dr. C. remarked that he knew of no case where such an amount of bleeding, at such an age, had not proved fatal. The effect of the astringents employed was apparently very marked. The cord was not hastily tied in this case. Dr. C. mentioned this, because injurious results, from tying the funis before the cessation of pulsation, have lately been spoken of, by Dr. Storer, before the Society. The blood was supposed, by Dr. C., not to have come wholly from the stomach. When

thrown off, it was very fresh; and that passed from the bowels was but little changed. There was no bleeding from the cord.

Dr. JACKSON referred to a case of very extensive pulmonary apoplexy, recorded in the Catalogue of the Society's Cabinet; he thought it possible that, in this case, there might have been some such trouble.

Dr. COALE said there was nothing to indicate it, that he observed.

*Rheumatism: Peculiarity in its Course.*—Dr. C. E. WARE mentioned the case of a woman, fifty years of age, first seen by him, for the present attack, two weeks since. Symptoms—fever, chills, pain in left side. Physical signs—extensive dullness on percussion over cardiac region, souffle with the second sound of the heart. On the second day, the right hand became painful; cardiac symptoms abated; on the third day the left hand was attacked, and also the left knee; cardiac symptoms still more relieved. Two days since, severe pain came on in the right side; strong subcrepitant râle over the right lung, and at the base of the left lung; great dyspnoea; bronchial respiration at the base of the left lung; the rheumatic pain in the left hand and knee diminished. Yesterday, suddenly, rheumatic pain attacked the right wrist, the pulmonary symptoms subsiding. Condition the same to-day.

*Typho-enteritis.*—Dr. W. E. TOWNSEND related the case. The patient was a man, thirty-four years old, stout and fleshy, intemperate in eating, but perfectly temperate in drinking. He was attended by Dr. S. D. Townsend for the present illness, which came on with violent pain in the region of the cæcum, on Wednesday last. He took, of his own accord, pil. cochiae, grs. xv, but there was increase of the pain. Dr. Townsend prescribed three grains of calomel, with some opium; in the afternoon he also took senna; there was continual, great increase of the pain; a small injection procured a slight discharge from the bowels. Next day he ejected from the mouth a fluid resembling senna in appearance. Nothing medicinal taken but sulphate of morphine. Death occurred on Sunday morning last.

Patient has had similar attacks about every six months, for the last four years; which generally were relieved by pil. cochiae.

*Post-mortem examination* disclosed slight peritoneal inflammation around the cæcum; the appendix cæci greatly diseased, and a communication through the appendix into an abscess just external to the intestine. Intestine perfectly pervious.

Dr. JACKSON remarked that there was no foreign body in the appendix, in this case, as is usually found. He added that it is difficult to account for so great an amount of inflammation in the absence of a foreign body; the latter may be lost through the perforation in such cases, passing into the cavity of the abscess. In this instance, the appendix was obliterated near to the cæcum; up to the line of obliteration, it was quite healthy; where diseased, the parietes were greatly thickened, and gangrene seemed threatening. The abscess just external to the appendix is very nearly constant in these cases. Dr. J. added that it is a very curious fact that, the intestines being found so free from any obstruction, the symptoms of stoppage should be so very marked.

Dr. Townsend, Jr., said that the case had been supposed to be one of intussusception. He added that the fat on the linea alba measured from one and a half to two inches in thickness.

*May 24.*—*Encephaloid Disease of the Head and Face.*—An account of the case was read by Dr. FERRY. I. H., aged five years and seven months, hav-

ing previously had perfect health, and without any predisposition to malignant disease, was affected about the middle of December last with a swelling near the angle of the lower jaw, on the right side. When it was discovered, his parents supposed it arose from a carious tooth, and took him to a physician in the neighbourhood, who extracted the back molar tooth. The swelling, however, continued to increase; and on the 15th of February, two months after the commencement of the disease, Dr. P. saw him. He was looking rather pale, but otherwise seemed in good health; appetite good; bowels regular; pulse 80; respiratory functions normal; complained of no pain. The swelling at this time was perhaps half the size of a hen's egg, quite elastic to the touch, and not painful on pressure; subsequently, it continued constantly to increase in size, until it occupied the whole of the right cheek, pressing the soft parts into the mouth, separating the jaws, and at last preventing the child from taking anything but liquid food. About three weeks before his death, which took place on the 18th of this month, ulceration commenced on the inside of the cheek, which freely discharged a bloody, offensive fluid. Early in March, a swelling appeared under the left eye, and soon after, another came back of the left ear, and one near the angle of the lower jaw on the left side. The last two did not increase much in size, but the one under the eye pressed up the lower lid so as completely to close the eye.

The veins over the entire surface of each of these swellings were enlarged, but the skin was pale like the rest of the body. About the time the swelling commenced on the left side, the head began to assume an elongated appearance, and before death, the frontal and parietal bones were separated several lines. A few days before death, the measurement from the point of the tumour on the right side, to the occiput, was eleven and a half inches. Some weeks before his death he lost his sight, and partially his hearing. The other senses he retained to the last. Through the whole course of the disease, until within twenty-four hours of his death, when he became delirious, he retained his intellectual faculties, and all the functions went on well, except nutrition. He died anemic. He complained of no pain; his appetite was good; for the most part of the time he slept well; the bowels were regular; the urinary secretion healthy and abundant. He was seen by Drs. Warren, Bigelow, Storer, Jackson, and Clarke.

The *post-mortem* examination was made by Dr. J. B. S. JACKSON, who stated the following appearances to the Society:—

The head was first examined. Dr. J. compared the diseased mass to blood recently effused and coagulated; in some portions, fibrin was observed. The mass extended above the zygoma; the same disease existed in the dura mater; over the vertex, the membrane, for a space of two inches, was lost in the diseased mass; the inner walls of the cranial bones were eroded in spots; the frontal bone was separated from the parietals and from the sphenoid. On the left side there was a sanguineous tumour of the dura mater. The brain was healthy; also the other organs, except the kidneys, which were extensively and deeply ecchymosed. One of the kidneys was exhibited by Dr. Jackson, and a drawing of one of them by Dr. Perry. Also drawings of the child's head and face, both front and profile view, were shown by Dr. P.

Dr. HENRY J. BIGELOW thought the principal points seemed to be the absence of white tissue in the diseased mass; the lack of appearances peculiar to encephaloid; also, the lesion of the kidney was not mere ecchymosis, there was actual disease; the coagulum-like matter was more cellular than bloody; what light-coloured material existed was slightly fibroid, but chiefly cellular;

the cells had much the appearance of pus-cells. Dr. B. showed drawings of the cells; he added that the constitutional character of the disease was sufficient to establish its cancerous nature.

Dr. BACON remarked that the portion of the diseased mass examined by him was so injured by decomposition, that he could not be positive as to the nature of the cells; he, however, supposed them to be cancerous.

*June 14.—Fatal Hemorrhage from the Funis.*—Dr. STORER reported the case. Dr. S. was called, May 23, at 10 P. M., to Mrs. T—, in labour with her fourth child. In an hour she was delivered of a fine, large, healthy-looking child, weighing about eight pounds. The funis was tied with a piece of narrow bobbin. After seeing the swathe applied and the patient comfortable, Dr. S. left her. At about five the next morning he was called to see the child, which was bleeding from the funis; found it pallid, cold, the pulse scarcely perceptible. Efforts were made to revive it, but it died in a few minutes after Dr. S. reached the house. The ligature applied just after birth was still upon the funis, and at the extremity of the funis was a coagulum. The greater portion of the funis was of a bright arterial colour.

After the birth of the child, Dr. S. waited, as is his custom, for the pulsations of the cord to cease, and then applied the ligature with the usual force, examining to see if the bleeding was stopped; and again, after the expiration of fifteen or twenty minutes, after the mother had been swathed, he looked, as he invariably does before leaving the chamber, at the funis. It did not bleed. It appears, from the remarks of the nurse, that the child was applied to the breast in about one hour after Dr. S. left. No bleeding was then noticed, and the child readily took the nipple. Between four and five in the morning, four or five hours after birth, its clothes were found saturated with blood, and Dr. S. was sent for. That the ligature was applied with as much care as is usually taken, Dr. S. is certain. The fact of there being no bleeding at the end of nearly half an hour after the funis had been tied shows this to have been the case. The bleeding seemed to be produced by the gradual contraction of the parietes of the funis, by which the ligature became loosened.

Does not the result of this case prove that it is well in *all cases* to wait until the pulsation ceases in the funis, before applying the ligature? This was done here, and the case was fatal. Would not this accident be more likely to occur if this caution were not observed? Dr. Storer added that he remembered hearing one of our oldest practitioners relate a case to this Society, in which the ligature having been applied, the funis was severed next the child, *within the ligature*, no bad consequences ensuing. The absurdity of such a practice ever being justifiable is strikingly shown by the case above recorded.

The child was examined, *post-mortem*, by Dr. JACKSON, who found nothing abnormal.

Dr. TOWNSEND, Jun., reported a case in which the bleeding, which occurred a few hours after birth, and which was quite profuse, ceased spontaneously.

Dr. JACKSON supposed the bleeding, in the case narrated by Dr. Storer, to have been from the umbilical vein, as this vessel was found open while the arteries were shrunk.

*Puerperal Convulsions; Premature Labour.*—Dr. STORER reported the case. May 27, visited Mrs. H., at the request of her physician. Saw her at 5 P. M. She was, at that moment, struggling with an epileptic convulsion, which lasted about three minutes. She had had, since one o'clock in the morning, twenty-eight similar attacks. Upon examining the case, Dr.

S. found she was twenty years of age, and this was her first pregnancy. She expected in a week or two to have terminated her time. The attending physician had bled her, and made cold applications to the head without relief. She had had slight pains, and upon examining the os uteri it was found to be sufficiently open to reach, with an effort, the unbroken bag of waters. Dr. S. advised puncturing the membranes, which was readily accomplished. After the waters had passed off, and the pressure was partially removed, the convulsions were less severe; and, for an hour previous to her delivery, none occurred. At 8 o'clock, about three hours after, her child was thrown off, still. She soon became comatose and died.

Bleeding and the anesthetics have so often failed of success in puerperal convulsions, that Dr. S. was induced (recalling a case of this kind occurring in his own practice two or three years since) to suggest the above course of treatment, and he cannot refrain from thinking that, had it been adopted earlier, the result might have been different.

*Abnormal Presentation of the Fetus.*—Dr. STORER reported the case. The presenting parts were the two hands, and between them the right foot. The patient lived out of town; had had five children; at each accouchement, she had been attended by a midwife; her labours had been natural. Dr. S. was called to see her at 10 o'clock P.M., on the 29th of May. She had been in labour since the morning of the day preceding. Two midwives were in attendance; one had been with the patient since the commencement of the labour, the other during the second day. On Dr. Storer's arrival, he found the patient not much exhausted nor depressed in spirits; on examination, Dr. S. discovered that the mouth of the uterus would allow two fingers to pass readily, and a third when the three were drawn together with some effort. After some difficulty, Dr. S. made out the presentation of the hands and one foot in conjunction; he had never before met with such a case. The contractions of the uterus were strong, rendering the examination difficult and tedious. A loop of the funis hung from the vagina, having presented, according to the attendants, since the passage of the waters, more than thirty-six hours previously. The child was dead; how should it be delivered? The head could not be reached by the forceps or crotchet; an arm might be drawn down, and the case left to the chance of spontaneous evolution; or, when down, the arm might be amputated and the fetus eviscerated. Dr. S., however, preferred to turn and deliver by the feet; accordingly, by the aid of ether having effected some relaxation of the uterus, he commenced his operations. The right foot, compressed between the two hands, presented at the brim with the toes towards the abdomen of the mother. Finding it impossible to bring down the presenting foot, from its being so firmly wedged between the two other members, Dr. S., after a long trial, succeeded in pushing aside a hand and then the arm, which gave opportunity to search for the other foot; this being found, after long-continued effort, high up in the pelvis, on the left side of the uterus, was brought down; and, while in process of descending, the child rotated and both feet presented at the vulva, with the toes towards the pablis of the mother. After the birth of the body, the head was readily disengaged by raising the abdomen of the child upwards towards that of the mother, causing the occiput to travel over the sacrum. While endeavouring to bring down the second leg, the presenting foot was kept in place by a fillet over the ankle. The whole operation occupied a little more than an hour; in half an hour after removing the child, the patient was left comfortable.

In relation to this case, Dr. S. remarked that, had the child been living, it

would have been proper to have brought down, if practicable, but one foot; the superior bulk of the breech and thigh acting much better than a single limb in effecting dilatation of the parts, and in thus facilitating the progress of the head. Dr. S., while mentioning never having seen such a case, stated that none similar to it had been noted by Dr. Lee, in over one hundred cases of preterm labour; although a case is mentioned by Madame Boivin, in which all the four extremities presented; and he intimated that such a presentation might possibly have been produced by some other power than that of nature.

Dr. STORER also related the following case of *Placenta Pravina; Death from Exhaustion*.—On the 26th of May, at 6 P. M., he was called to see the patient in consultation. The attending physician had been summoned several hours previously on account of a sudden hemorrhage, which occurred while the patient was sitting upon a cabinet. Cold was applied, and the vagina was plugged; blood still flowed in small quantity, till the patient became enfeebled, and it was estimated that about one gallon of blood had been lost. Dr. S. was now called, and advised, as the placenta was found to cover the os uteri, its immediate detachment. This was effected, and the hemorrhage ceased. Dr. S. advised, additionally, that the patient be watched, and that no attempt be made to deliver; he was called again at 4 o'clock the next morning: the head had now descended into the pelvis, but the expulsive efforts were feeble, and the child was delivered by the forceps. The patient remained comfortable for two or three days, when she began to sink, and died on the eighth day after delivery. Dr. S. was of opinion that, as nothing could have been done in the outset to hasten delivery, from the unrelaxed state of the os uteri, death was, probably, delayed by the non-interference.

*Hemorrhage from the Funis on the Second and Third Days after Birth*.—Dr. SNOW related the case: He was sent for on the second day after birth, some hemorrhage having occurred, and he then applied a new ligature, supposing the bleeding to be from the cut end of the cord. He was again summoned the following night, the hemorrhage still continuing; a third ligature was applied. On the next day, the child appeared to be dying; and, on removing all the cloths, the blood was found to proceed from around the base of the cord. The nurse had removed the dressing from the funis on the day after birth, which Dr. S. thought might have caused the accident.

In reply to a question by Dr. Minot, Dr. Snow remarked that there was no yellowness of complexion, nor anything peculiar in the external appearance of the child, which died on the fourth day.

*Occasional Effects of the Local External Application of Medicinal Agents*.—Dr. BETHUNE reported three cases in which these effects were quite marked. The first was one in which atropine was the remedy used; its strength, grs. iij to ʒj of alcohol. This was twice applied to the eyes of an old gentleman; it caused pain in the part, and, subsequently, delirium, which was so violent that the patient threw himself out of bed, bruising his face. The second instance was a case in which the same preparation was employed on a child seven or eight years old; its effect being to produce sleep which continued for thirty-six hours. The third was that of a physician, Dr. B. prescribed the application of croton oil, together with the ammonia liniment, in the proportion of ʒj of the former to ʒj of the latter, for some trouble in the ear; it was directed to be applied over and about the mastoid process;

about half a teaspoonful of the preparation was rubbed in at a time, producing, after the first application, two or three discharges from the bowels.

Dr. ANBOT reported a case of very free application of croton oil. A gentleman having mistaken a bottle of this substance for hair oil, anointed his head quite thoroughly with it, rubbing it in. In a short time, the whole face became extremely red, the eyes were also red and painful, causing much distress; each hair-bulb seemed inflamed; relief was afforded by an opiate; about a teaspoonful of the oil was applied; the bowels were not affected.

Dr. STEDMAN remarked that he had ordered the application of this article as a counter-irritant to different parts of the body, particularly the chest and abdomen, in numerous instances, without fearing or having met with its effects on the bowels.

Dr. BETHUNE said he had never remarked such effects before, although he had used the croton oil in several hundred cases.

Dr. SNOW mentioned a case wherein the patient, having been directed to apply the oil for pains in the chest, *anointed the entire chest* with it. Much inflammation of the skin followed, causing great agony; but there was no cathartic effect.

At the meeting next succeeding the above (June 28), Dr. STORER related the case of a patient who, having applied croton oil to the epigastrium, experienced very powerful catharsis therefrom.

Dr. JACKSON mentioned an instance where fourteen drops, applied to the chest for pulmonary trouble, caused a plentiful eruption without any cathartic action.

Dr. PUTNAM alluded to a case in which its application was not followed by catharsis.

[The cases in which catharsis immediately succeeds the application of croton oil to the skin by friction are, of course, acknowledged exceptions, and, as such, the more worthy of record wherever the effect can reasonably be predicated of the cause. Wood and Bache, referring to the *Dictionnaire des Drogues*, state its *dictum*, that "four drops, applied by friction around the umbilicus, will produce a purgative effect." It would seem far more likely that such effects should be caused by the application of the substance to the epigastric and abdominal regions than when it is used upon other parts more remote from the intestinal canal. Andral, in his experiments made at La Pitié, in 1831 and 1832, and afterwards reported by Joret, found no cathartic effect strictly traceable to the oil, applied by friction; in six cases where friction over the abdomen was made with a mixture of the croton oil with that of sweet almonds, there was no purgative action. Among nine cases in which the *pure* croton oil was used, a single patient was purged; twenty drops were often used. Andral concluded that, very probably, the purgation observed in the single instance mentioned was owing to some inappreciable cause (*Vide* Trousseau et Pidoux, *Traité de Thérapeutique*, etc., tome i. pp. 685, 686). Rayet states that he procured numerous alvine evacuations by the application of one or two drops of the oil upon a surface denuded of cuticle by a blister.—*Secretary.*]

*Microscopic Anatomy of the Fetus.*—Dr. DURKEE exhibited some beautifully prepared specimens from the foetal subject, arranged by himself with great care and skill for the microscope, and showing the villi and mucous follicles of the stomach and small intestines; the appendix vermiformis; mucous surface of the trachea and œsophagus; sections of the kidney, showing the stellate distribution of the bloodvessels upon the surface, and the

veins distributed in sets in the tubular portion; sections of the thyroid, thymus, and mesenteric glands; the pancreas and lungs; also a portion of the choroid coat having the venæ vorticosæ and pigment-cells injected, and being distinctly shown both by transmitted and reflected light. Dr. D. likewise showed some specimens of the skin from an adult subject, wherein the looplike arrangement of the capillaries which are sent to the papillæ was very manifest; this is to be seen to good advantage in the palm of the hand and under the nails.

Dr. JACKSON stated that the fetus from which the above specimens were obtained was taken from a woman aged forty-two years, after her death, and who was supposed to have died of an abdominal tumour. The real cause of her death was not, however, disclosed by a *post-mortem* examination. She had been in labour two days, unknown to the family, when she was attacked by convulsions at 10 o'clock in the evening, and died next day at 5 o'clock A.M. The probable cause of death was effusion into the brain.

Dr. J. showed the ossicula of the fetal ear, consisting of three bones, the incus and orbicularis being united and forming one, as is usually the case, *except in the fetus*, where, it is said, these two bones are detached. Dr. J., however, had seen one case previously, where, in the fetal state, these bones were united.

June 28.—*Ventral Hysterocæle*.—Dr. STORER reported the case. June 2. Three weeks since, Dr. S. visited Mrs. W.—, Pleasant Street, who expected to be confined in a few weeks. Upon inquiry being made, it was ascertained that the present is her third pregnancy. The *first* labour was tedious, and her child was stillborn. In her *second* pregnancy, she was delivered at the eighth month, and her child had been dead sufficiently long to have become offensive to the bystanders. Since her last delivery, which occurred about a year since, her health had been poor. She is now quite languid, pallid, evidently much depressed; thinks she never can have a living child.

Upon examining her abdomen, Dr. S. noticed a very singular condition of the recti muscles, which were separated so extensively from each other that there existed a peculiar sacculated appearance of the abdomen, which was strikingly marked upon any forward motion being made by the patient. This separation was observed along the whole extent of the linea alba. The projection between the recti muscles resembled that produced oftentimes by an enlarged ovary; and the feeling transmitted by examining the hernia was similar to that of an exaggerated fontanelle, and beneath the finger the number of the several extremities of the fetus could be defined as clearly as if a rupture of the uterus existed.

The fetal heart was feebly pulsating. At the expiration of a week, Dr. S. again saw the patient. She was exceedingly depressed, and remarked that she had not felt the motion of the child since Dr. S. examined her. Upon a repetition of the examination, no fetal pulsation could be heard, and it was concluded that the child must be dead. Dr. Putnam, to whom Dr. S. had spoken of this, to him singular abdominal hernia, saw her a day or two afterwards.

Now, June 2, patient is in labour. During each uterine contraction, the organ was thrust between the recti muscles with great force; and, fearing that serious results might follow, Dr. S. applied a broad swathe around the abdomen. The labour continued only about two hours, and the patient did not suffer unusually. The child was *still*, and exhibited large patches upon its surface, where the cuticle was entirely denuded. The condition of the *placenta*, which



was quite small, indurated throughout, and exhibiting upon its fetal surface two large cysts, each of the size of a chestnut, filled with coagula, readily accounted for the death.

Patient does not remember that any similar condition of the abdomen existed in either of her former pregnancies; nor does she seem to have experienced any decided inconvenience during this *last* pregnancy, except during any forward motion. The mere stooping forward to wash the cups after a meal produced so much uneasiness that she had been obliged to desist from the operation for weeks previous to her delivery. She cannot recall any violent exertion by which the separation of the linea alba could have been induced.

Dr. S. added that, from never having previously met with a case of ventral hysterocele, and from the fact that those writers who refer to the subject point to individual cases which have been published, he inferred its rare occurrence.

*Recovery from Ascites after Tapping.*—Dr. HAYWARD, Sen., reported the case. The patient was an intemperate man, whom Dr. H. saw for the first time in November last. He was then suffering from ascites. The existence of some organic disease was at that time supposed by Dr. H. The patient was tapped in December; sixteen quarts of serous fluid were evacuated. Five weeks subsequently, eighteen quarts were taken from him. The operation was again performed, four or five weeks afterwards, in March, when twenty quarts were drawn off. Since that time, there has been no return of the affection, and Dr. H. is unable to detect any organic disease. Dr. Hayward remarked that this is the third case of recovery from ascitic affection after tapping, that has occurred in his own practice. In one of these cases, the patient had been under treatment for dyspepsia. On tapping her abdomen, a small quantity only of fluid was drawn off, but the affection did not recur. In the second case, twenty-two quarts of serous fluid were drawn off; no effusion followed. The patient recovered entirely, and, in the course of two or three years, gave birth to a healthy child. Both mother and child are still living.

Dr. PERRY mentioned two cases of recovery from this disease after tapping. In one, the patient was cured by hydriodate of potash, with compression, having been previously tapped three times. The other case was of a patient tapped three or four times by Dr. Bartlett, of Roxbury, and who afterwards recovered. Dr. Perry added that these two were, not improbably, cases of subacute peritonitis.

*Early Menstruation.*—Dr. PERRY related an instance of menstruation occurring in a child four or five years of age; the child to all appearance healthy, although Dr. P. supposed her to be scrofulous. The tonsils were slightly enlarged, and she had once had inflammation of the eyes. She had menstruated five times at the regular intervals. Dr. P. recommended no treatment, but advised country air.

In answer to a query by Dr. JACKSON, Dr. PERRY stated that the mammae were somewhat developed, but nothing peculiar was remarked about the pubes. The secretion had the usual appearance of the menstrual discharge, and continued for two or three days.

*Remedy for the Nausea and Vomiting of Pregnancy.*—Dr. GOULD spoke of the application of chloroform to the epigastrium as having been found to afford prompt and permanent relief in four cases of the above affection. A few drops, only, were applied at a time.

Dr. BIGELOW was of opinion that chloroform acted as a counter-irritant. He mentioned the case of a patient in whom vesication was produced by a few applications of this substance for pain in the side. It had not always been found to relieve pain. Dr. B. had tried the chloroform ointment, spoken of at a recent meeting by Dr. Channing, in various forms of neuralgia, and, in a few cases, had obtained temporary relief; in no instance was the relief permanent. Dr. B. doubted the alleged anodyne properties of chloroform, when applied to the skin, as it cannot act through the cuticle.

Dr. STORER remarked that, although nausea and sickness in pregnancy may be temporarily relieved by this application, he was in doubt as to its affording permanent relief, the affection being of a sympathetic nature. He considered the cases reported as possibly exceptional.

Dr. COALE related a case in which the sickness came on when the patient rose from the horizontal posture. In this instance, chloroform afforded immediate relief, lasting three to four hours, when it became necessary to renew the application.

[At the next subsequent meeting of the Society,

Dr. ALLEY reported a case of morning sickness in a patient seven months advanced in pregnancy. Relief was obtained by the external application of chloroform to the epigastrium. The remedy was applied four or five times in the day, for two successive days, with entire relief to the patient, producing little or no irritation upon the skin, a slight redness only being perceptible.

In answer to Dr. STORER's inquiry whether the relief were permanent, Dr. A. replied that four days had now elapsed since the disappearance of the symptom. No other counter-irritant remedy was employed.

Dr. SNOW asked Dr. STORER if he had employed, successfully, any other counter-irritant remedies in this affection.

Dr. STORER had tried the usual remedies of that class, but without expecting, or having found, permanent relief from them. He had frequently seen temporary relief follow the employment of blisters, &c.]

*Arsenic in Remittent Fever.*—Dr. C. E. WARE related a case of the above disease, occurring in a lady who had resided for three years at the West, where she had, three years since, what was called bilious remittent fever. Dr. W. at first considered it a case of typhoid fever. On the fourth day, however, the disease assumed the character of remittent fever, and there was yellowness of the skin, with some tenderness of the hepatic region; no diarrhoea; a peculiar chill and reaction occurred every second day; the chill lasting for half an hour, and the febrile reaction for four or five hours. Dr. Jackson saw the patient on the tenth day, and suggested arsenic, in the dose of six drops of Fowler's solution three times a day. The first attack, after commencing this remedy, took place on the subsequent day, and was quite severe. Twelve drops were now given every five hours. The patient suffered no farther attacks, and became at once convalescent.

*Accidental Salivation.*—Dr. COALE mentioned a case of this affection, in which periodical exacerbations took place twice in the twenty-four hours; viz., at one in the morning, and at the same hour in the afternoon. Quinine was given with success. The patient had not had intermittent fever, but had suffered from fever in the East.

Dr. DURKEE stated that, in the above case, which had been sent to him by Dr. Coale, the occurrence of salivation was from the application of an ointment made of  $\mathfrak{z}\text{r}$  of white precipitate to  $\mathfrak{z}\text{ij}$  of lard. This was applied pretty

freely to the throat and lower part of the face, which parts were the seat of psoriasis guttata, and salivation followed on the fifth day. This was the first case of salivation produced by this remedy that had fallen under Dr. D.'s notice.

Dr. COALE mentioned another case of salivation produced by the application of the "black wash" to the throat.

*July 12.—Almost Complete Occlusion of the Vagina.* Reported by Dr. HAYWARD, Sen.—Dr. H. stated that he had recently operated in a case of this nature. The patient had always menstruated regularly, but with pain. She had no suspicion of her condition until marriage, which took place about a year since, when sexual connection was found impracticable. On examination, a septum was found at some considerable distance from the external orifice, with an opening in it so small as only to admit, and that with difficulty, a small probe. A director was afterwards introduced, and then an attempt was made to carry in a bistoury, which was finally successful. A catheter was now passed into the urethra, and the septum incised in all directions, except towards the bladder. After this, Dr. H. was enabled to introduce the finger, and to pass it completely around the os tincæ. This is the fifth case of occlusion of the vagina that has occurred in his own practice. Two of these were cases of imperforate hymen. The third was a case of congenital malformation of the vagina successfully treated by an operation. Another was one of occlusion produced by sloughing after instrumental labour. This last was also relieved by an operation, the patient having since had a living child. In the case above reported, the septum was unusually firm, cutting like tendon. On examination, six weeks after the operation, it was found that it had afforded complete relief.

*Unusual quantity of Liquor Amnii; the Placenta and Fetus both healthy in Appearance.*—Reported by Dr. STORER. The patient was in her third pregnancy. When in her first, she was enormously large, and was delivered of a dead child in the sixth month; the amniotic fluid being in great abundance. In her second pregnancy, the abdomen was also greatly distended, and the labour came on in the eighth month; the child dead, as before. In the present case, labour occurred at the eighth month; there was great distension of the abdomen, and the child, as in the two former instances, was stillborn. A peculiarity of this case was the healthy appearance of the child and of the placenta, in each instance; a condition not usual in cases where the liquor amnii is in excess.

*Early Menstruation.*—Dr. MINOR reported the case of a woman, twenty-three years of age, who had recently consulted him for headache, having been bled one year before for the same trouble. This patient was run over by a wagon, when nine years old, since which she has menstruated regularly, the function being always attended with much pain.

*Obstinate Diarrhœa preceding and following Labour.*—The case was related by Dr. STORER. The patient was first seen by Dr. S. ten days ago. She had had diarrhœa for a fortnight, and expected to be confined in one month. On the second day after his visit, she was taken with pains resembling those of labour, and at the end of the second day labour came on; it being the eighth month of her pregnancy. On the following day she had nine discharges from the bowels. Lead, opium, and catechu were given

without effect. Finally, sulphate of copper, in the dose of one-sixth of a grain, combined with ten or twelve drops of laudanum, was administered. Dr. S. feared a fatal result. The patient has, however, been improving for two days past, having had but three discharges during the last twenty-four hours.

26th. Dr. Storer reported his patient entirely recovered.

*Deafness produced by Quinine.*—The case was reported by Dr. HAYWARD, Sen. Twelve grains of the sulphate of quinine were administered, in the course of twenty-four hours, to a patient who had been afflicted with rheumatism. In forty-eight hours after commencing its exhibition, he complained of deafness. There was no dizziness. On the second day after, the deafness was nearly complete. No tinnitus aurium. In twelve hours after having abandoned the use of the medicine, hearing was entirely restored. Dr. H. said he had frequently given quinine in much larger doses, *e. g.*, two scruples and one drachm in the course of one day; but had never before noticed the above effect. The quinine, in this case, was given combined with gentian. There were no other symptoms.

July 26.—*Microscopic Anatomy of the Fetus.*—Dr. DURKEE exhibited several preparations from a fetal subject, about five or six months old, which weighed only twenty-six ounces, and which he had injected with coloured size. The bloodvessels of both crystalline lenses were injected, and their branches could be seen radiating from a comparatively large trunk, and traversing the lens in every direction, until they were lost near its periphery. In mounting these two specimens, the epithelium between the lens and its capsule had not been disturbed, but could be seen apparently in its normal condition. The membrana pupillaris was exhibited, showing the beautiful arrangement of its fibres, and the ciliary arteries with their branches and anastomosing extremities injected.

The pupillary membrane, examined *in situ*, through the cornea, appeared to be about the sixth of an inch across from point to point of its border, and to consist of an entire web of fibres; but, upon removing it, and placing it on a glass slide, a narrow aperture or slit, as if made with the point of a lancet, cutting through its central portion, could be seen by the naked eye, and was about a line in length. In looking at the membrane through the microscope, an arterial branch, which has been injected, may be seen running parallel to each lip of the central opening just mentioned, and sending off at right angles several exceedingly minute twigs, which also divide and subdivide until they finally inosculate and form a chain of loops, and thus the central aperture appears to be made. A somewhat similar inosculature of bloodvessels is seen in the border of the sclerotic at its junction with the cornea, and also in that part of the choroid membrane surrounding the optic nerve as it penetrates the sclerotic coat in the back part of the eye. In the two latter instances, however, the openings are circular, while that in the pupillary membrane is a mere slit.

Judging from the specimens now exhibited, it would seem that the pupillary membrane must be formed antecedent to the formation of the iris, as scarcely a rudiment of the latter can be found—and how it can be said that the former arises from the latter, it is difficult to understand; yet Todd and Bowman seem to be of that opinion.

Dr. D. also exhibited several teeth taken from the same subject. They were extremely small—some of them not so large as a common flaxseed—

and they consisted of mere pulp; yet their cell-structure could be seen, and the nutrient bloodvessels were perfectly injected, so that the microscope brought them distinctly into view. A large number of hairs, with their related follicles and glands, removed from the eyelids of the same foetus, were also examined by the gentlemen present.

*Puerperal Convulsions. Death of Patient, undelivered.*—Dr. STORER was called in consultation with another practitioner, at 10½ P. M., July 19, to a patient in puerperal convulsions. She was attacked at six in the morning, and had had repetitions of the attacks during the entire day, at longer or shorter intervals; generally, about an half hour intervening between them. She had been bled at 2 P. M. and at 6 P. M., about twenty ounces each time, but still her convulsions continued.

The patient, a woman about twenty years of age, and at her full period of pregnancy, had the aspect of approaching dissolution. She was perfectly unconscious; the surface of her body was cold and damp; the pulse exceedingly feeble. While examining her, she had a terrific convulsion.

Upon examination, Dr. S. found the os uteri slightly open, just allowing the index finger to pass, and to ascertain that a head presented. He advised that premature labour be attempted; there appeared but little chance that it could be accomplished, but no other alternative presented. The membranes were readily ruptured. Prevented by unavoidable professional engagements from remaining with the woman, Dr. S. requested the attending physician to watch her through the night, and, should she die, as it appeared most probable she would, undelivered, to open the abdomen immediately, and remove the foetus.

Dr. S. was informed the next morning, by the gentleman in attendance, that the convulsions continued to recur about every twenty minutes, until a little past 12 o'clock, when she died, a few minutes after the cessation of a paroxysm.

Dr. — immediately opened the abdomen of his patient, and removed a child, with its extremities so contracted and rigid as to be straightened only by the application of considerable force; and with its surface livid throughout. Examining again, he removed a second foetus, less rigid than the former.

Dr. S. stated that, in this case, as in that reported by him on the evening of June 14th, he supposed the child would probably be dead, inasmuch as the convulsions had existed so long a period previous to an attempt being made to produce delivery; but he requested that the abdomen of the woman might be opened as soon as she ceased to breathe, as the *living foetus has been extracted* after the death of the convulsed mother.

Speaking of the treatment of puerperal convulsions, Colombat observes (*Amer. ed.*, p. 646): "Should the mother have breathed her last during the progress of the labour, the Casarian operation ought to be performed, notwithstanding the slight chance of success in such an attempt to rescue the life of the child."